

**The Importance and Implementation of  
the Funeral Home Case Status Form and  
the Memorandum of Understanding**

**Certified Public Manager (CPM) Program  
Class of May 2015**

**Prepared by:**  
**Genita L. Snipes**  
**State Office of Victim Assistance**  
**Office of the Governor**  
**January 30, 2015**

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## **Background Information/ History:**

The State Office of Victim Assistance (SOVA) is the state agency mandated by law to meet the critical needs of crime victims by coordinating responsive statewide services and benefits. The Agency operates under the statutory authority of the Crime Victims Compensation Act (16-3-1110-1340) which established the SC Victims' Compensation Fund within the State Workers' Compensation Fund in June 1982. The SC Crime Victims' Compensation Fund became operational on January 1, 1983. Legislation was introduced and passed by the 1988-89 SC General Assembly and on July 1, 1989, the State Victims' Compensation Fund officially became the State Office of Victim Assistance. In 1994, the State restructuring plan moved SOVA from the State Workers' Compensation Fund to the Governor's Office.<sup>1</sup> The Fund is defined in the SC Code of Laws, Title 16 (Crimes and Offenses), Chapter 3 (Offenses Against the Person), Article 13 (Compensation of Victims of Crime).<sup>2</sup> Some Offenses under this Chapter include: Homicide, Lynching, Dueling, Hazing, Assault and Criminal Sexual Conduct, Kidnapping, Miscellaneous Offenses- Misdemeanors and Felonies, Harassment and Stalking, and Trafficking in Persons. The Fund is currently a division of the Office of the Governor. The Director of the Fund (SOVA) is appointed by the Governor and is under the supervision of the Governor. The agency staff currently consists of the Director, Deputy Director, Program Managers, Program Assistants, Investigators, Restitution Coordinators, Claims Analysts and Accountants; totaling 38 members. The main office is located on the grounds of the State Capital in Columbia, SC.

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<sup>1</sup> State Office of Victim Assistance Operational Manual created November 1998

<sup>2</sup> SC Criminal Law and Motor Vehicle Handbook, 2013-2014 Edition, Matthew Bender & Company, Inc., pg. 64, Compensation of Victims of Crime

The funds placed in the Victims' Compensation Fund shall consist of all money appropriated by the General Assembly, if any, for the purpose of compensating claimants under this article and money recovered on behalf of the State pursuant to this article by subrogation or other action recovered by court order.<sup>3</sup> The State Treasurer is the custodian of the Fund and all monies in the Fund are held by the State Treasurer.<sup>4</sup> The Fund provides financial assistance to crime victims victimized across the State of South Carolina. It was created to help citizens who have incurred, or will incur, crime related expenses to include medical, counseling, funeral bills, and/or lost time from work (lost wages) due to injuries sustained as a result of a crime.

#### **SOVA's Mission:**

The mission of SOVA is to assist eligible crime victims and their families in putting the pieces of their lives back together. SOVA also provides training regarding its services to victims, claimants, law enforcement agencies, crime victim advocates, victim service providers, and the public.<sup>5</sup> Because we would like to better serve crime victims and their families in a more efficient and timely manner, it is important to honor SOVA's mission. We also want to ensure proper payment to the appropriate party/parties.

#### **Eligibility Criteria for SOVA Benefits and Services:**

In order for any crime victim to receive benefits and services offered by SOVA, all of the eligibility criteria must be met. If one or more of the criteria are not met, then SOVA has the authority to either reduce the award or deem the claim ineligible (deny the claim). If the claim is reduced, the award may be reduced by 25%, 50% or 75% and the

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<sup>3</sup> SC Criminal Law and Motor Vehicle Handbook, 2013-2014 Edition, Matthew Bender & Company, Inc., pg. 70 16-3-1290 State Office of Victim Assistance.

<sup>4</sup> SC Criminal Law and Motor Vehicle Handbook, 2013-2014 Edition, Matthew Bender & Company, Inc., pg. 70 16-3-1290 State Office of Victim Assistance.

<sup>5</sup> State Office of Victim Assistance Website; [www.sova.sc.gov](http://www.sova.sc.gov), home page.



percentage is based on victim's behavior at the time of the incident. The eight (8) eligibility criteria are as follows:

- The crime must have occurred in South Carolina.
- The victim must have been directly injured, physically or emotionally.
- The victim must not have initiated, provoked, caused, or contributed to the incident.
- The victim must not have been engaged in any illegal activity at the time of the incident.
- The victim must cooperate with the State Office of Victim Assistance.
- The victim must cooperate with law enforcement.
- The crime must have been reported to law enforcement within 48 hours.
- The claim must have been filed within 180 days from the date of the incident or the discovery of crime and the crime must not have occurred more than four years.

#### **Documents Needed, the Purpose, and the Process:**

For the purpose of this project, I will focus on death claims received in the agency and investigated by staff members of the Investigations (formerly Eligibility Services) Department. The department is comprised of Investigators who obtain documented evidence to confirm that a crime was committed. The information is received from law enforcement officials, victim advocates and victim service providers. The documents requested and received consist of law enforcement incident and supplemental reports, investigative notes, warrants, law enforcement affidavits, traffic accident reports (TR-310), Multi-Disciplinary Accident Investigation Team (MAIT) reports, victims and witnesses voluntary statements, and letters from victim advocates. Upon receipt of these legal documents, the information is reviewed and the claim is investigated to determine the eligibility or ineligibility status. Eligibility Criteria must be established in order to receive monetary payment. In death claims, the law enforcement report **must**

indicate that the incident type was one of the following: Murder/Homicide, Voluntary or Involuntary Manslaughter, Driving Under the Influence Resulting in Death, Reckless Homicide, Vehicular Homicide, or Hit and Run Fatality. In addition to the law enforcement report, certain documents needed to process death claims include signed funeral bills/contracts, death certificates, paid receipts, assignment of benefits for life insurance, evidence of beneficiary for life insurance, cemetery or burial plot contracts, and documents for transporting the body via vehicle or airline. The purpose of these documents is to make sure that the agency provides proper payment or reimbursement to the victim service provider or to the person that is financially responsible for the deceased victim's expenses. Because there has been some discrepancy in processing death claims, two forms were created to assist in the process: a Funeral Home Case Status Form and a Memorandum of Understanding.

The Funeral Home Case Status Form (FH Case Status Form) gives a very specific break down of all persons who have paid on the bill and any balance that is owed to the funeral home. The form captures billing information to include the Business Name (victim service provider), their contact information and tax ID number. This form is very detailed in that it "tells a story" about the paying parties. Certain information is required and must be confirmed prior to moving forward with payment consideration. The name of the deceased victim must match the name on the application submitted to the agency, the law enforcement reports, the death certificate and the burial contracts. The person who signed the bill will also be considered as the responsible party and SOVA will consider payment on an eligible claim on the responsible or paying person's behalf.

Documented information regarding the beginning and current balance on the bill, to include any payments made and by whom they were made is recorded. Contact information is needed on all paying parties because by law, if the claim is deemed eligible, every individual who made payments in an amount greater than \$100 has the right to submit an application to SOVA for reimbursement consideration. If we have the individual's name, address, phone number, method and amount of payment, we have the necessary information needed to contact them and discuss their options as it relates to reimbursement. (see Funeral Home Case Status Form, reference page 1)

The Memorandum of Understanding Form (MOU) is an agreement between the funeral home and the claimant – person filing on victim's behalf - informing them of SOVA's role and responsibility. This document informs all entities involved that SOVA is an eligibility program and the maximum limit SOVA will consider towards an approved claim. It also informs all parties that any balance owed to the funeral home is the responsibility of the paying party or the individual who signs the MOU and the burial contract. SOVA is the payer of last resort, so the disclaimer explaining SOVA's position is also documented on the form. Many of the providers (funeral homes and mortuaries) have not been trained on the use of the forms and they have not been enforced, which is where my project will begin – the training and implementation of these two forms. (see Memorandum of Understanding, reference page 2)

**GAP Statement:**

It is my belief that the agency has provided, or has the potential to provide compensation on claims to parties that should not have been considered for payment. I



want to reduce, eliminate or prevent the potential risk of misuse and misappropriation of funds to individuals and/or businesses. I also want victim service providers, victims, claimants and their families to understand that SOVA is an eligibility program and that proper steps must be taken in order to receive assistance from the State of South Carolina.

The importance of implementing the forms and the benefits are similar in nature:

- Timeliness: Receiving the forms with the application will aide and assist in processing the application for services faster
- Proper Payment to appropriate party/parties
- Informing the family of the maximum amount SOVA will consider in death claims
- Uniformity of funeral bills and contracts – The funeral homes in SC use different formats of funeral bills and contracts; there is no uniformity in these documents.

The case status report was created to aide in the investigation of the claim.

#### **Problems Encountered When Processing Death Claims:**

The Investigations Department has encountered the following problems while reviewing and investigating death claims. The problems are listed below:

- Victims' families do not understand that SOVA is an Eligibility program and certain criteria must be met in order to receive funds.
- Families, Advocates and Funeral Homes (FH) do not understand the necessary documents needed to process claims for compensation.
- Applications are incomplete and proper documents are not submitted.
- Fraudulent claims have been received from funeral homes and/or family/families - "double dipping".



- Ex. Funeral home receive payment from SOVA in addition to receiving payment from the family. The funeral home does not reimburse the family for overpayment of funds.
- Conflicting information: Funeral homes state that there is a balance owed to the business, and that they haven't received any money. The families state that they have paid the bill in full to the funeral home, and they are requesting reimbursement.
  - Ex 1: Family member "A" said she paid the bill in full. Funeral Home provides written documentation to SOVA that family member "B" actually paid the bill.
  - Ex 2. Family member "A" said she paid the bill, but Family member "B" signed the funeral contract and submitted the application to SOVA as the claimant (person applying) for reimbursement.
  - Ex 3: Family member "A" states she paid the bill and submits an application to SOVA for reimbursement, but the funeral home provides documentation that the bill was paid in full by community donations (this normally happens with the death of a child or high profile Murder case).
- Funeral homes use different formats of funeral bills/contracts. These different forms can be confusing and often times they don't provide adequate information needed to process the claims. The forms must be itemized. (see bill and contract formats, reference pages 3-7)

## **Training:**

My position at the State Office of Victim Assistance requires me to provide training to individuals about the benefits and services available to victims of crime. During the training sessions and events, my primary focus is the process one must follow in order to receive services and the eligibility criteria that must be met. I inform attendees about the different departments of SOVA and the responsibilities of each department, to include the application process, the eligibility criteria, and the payment process. Because not all of the applications/claims meet the criteria, some claims are deemed ineligible. When this happens, the victims and/or the victim's families have the right to an appeal, so the appeals process is also thoroughly explained.

Every year the agency concentrates on different service providers to offer training and in 2014, our primary focus was funeral homes. The agency organized a mass mail out offering training to funeral homes across South Carolina. As a result, SOVA's training team visited approximately ten (10) funeral homes and an unknown amount of funeral directors who represented other funeral homes/mortuaries, attended several funeral home association meetings, and two (2) Mortician Association district meetings. During the training to the members and staff offering burial services, we discussed the death benefits offered by SOVA and how we as an agency can better assist victims' families by providing monetary payment to them (victim service providers). In addition to training funeral homes, funeral directors and morticians from January to December 2014, we provided training to three (3) hospitals, the Seventh Judicial Circuit training event, Victims' Rights Week 2014 Conference, the SC Victim Assistance Advanced

Academy, the 2014 SC Solicitor's Office Conference and the 2014 Law Enforcement Victim Advocate (LEVA) Conference. After the training events, we solicited feedback because we want to know how we can better serve our customers and constituents. In soliciting feedback, we distribute surveys. (see sample survey, reference page 8) During the funeral home training, we trained 102 persons and received 82 surveys.<sup>6</sup> For the remaining training events, we trained over 400 persons.

#### **Data Collection:**

The State Office of Victim Assistance was integrated with the South Carolina Enterprise Information System (SCEIS) in June 2013. Any provider requesting monetary payment for services from the State of SC must be registered with SCEIS. There are 493 funeral homes and branches registered with the State of South Carolina, Labor Licensing and Regulation (LLR); however, only 252 of these funeral homes are registered with SCEIS. These numbers include Crematoriums, Memorial Gardens, and Mortuaries in South Carolina. There are an additional 64 funeral homes and branches that are registered in SCEIS, but not with South Carolina LLR because they are located in other states. Because the State Office of Victim Assistance provides monetary payment to victim service providers in other states, the 316 funeral homes and gardens are the only ones that are eligible to receive payment for an approved SOVA claim. (see SCEIS Vendor Search, reference page 9)

As a result of eligible claims, SOVA has paid over \$800K towards death benefits in 2014. The tables below show the types of death claims SOVA processed. Table 1 shows a breakdown of the types of death claims that were received in SOVA in 2014.

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<sup>6</sup> SOVA Funeral Home Roster, November 2014



Table 2 shows a breakdown of the death claims that were investigated by SOVA staff in 2014, which is inclusive of claims carried over from the prior year (2013). Table 3 shows a breakdown of the number of claims SOVA paid in 2014. There were claims received and processed in 2014 that were carried over to 2015 which will explain the difference.<sup>7</sup>

**Table 1 (Claims Received in SOVA)**

2014	Felony DUI w/ Death	Homicide	Reckless Homicide
Totals	21	208	7

**Table 2 (Claims Processed/Worked in SOVA)**

2014	Felony DUI w/ Death	Homicide	Reckless Homicide
Totals	25	215	11

**Table 3 (Claims Paid by SOVA)**

2014	Felony DUI w/ Death	Homicide	Reckless Homicide
Totals	6	169	1

**Below you will find a collection of statistics on claims processed in SOVA**

**Data from January 1 – December 31, 2013<sup>8</sup>**

- Compensation claims received in SOVA in 2013: 4,184
- Death claims processed and paid by SOVA in 2013: 327
- Amount of money SOVA paid on death claims in 2013: \$1,021,430.69

**Data from January 1 – December 31, 2014<sup>9</sup>**

- Compensation claims received in SOVA in 2014: 3,754
- Death claims processed and paid by SOVA in 2014: 257

<sup>7</sup> Statistical data derived from SOVA's Progress Database

<sup>8</sup> Statistical data derived from SOVA's Progress Database and SCEIS

<sup>9</sup> Statistical data derived from SOVA's Progress Database and SCEIS



- Amount of money SOVA paid on death claims in 2014 calendar year: \$819,715.45 (amount will vary due to previous years' claims that are carried over)
- Actual amount of money SOVA paid on "2014" death claims: \$643,159.71

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#### **Data from August – December 2014**

- Total Compensation claims received in Investigations Department: 1,105
- Out of the 1,105 claims received, only 53 were death claims which equals 4.8%
- Out of the 53 death claims, 10 had completed FH Case Status Forms and MOU attached which equals 18.9%
- Out of the 53 death claims, 43 did not have the FH Case Status Form and MOU attached which equals 81%<sup>10</sup>
- I was unable to retrieve statistical data prior to August 2014 - As a result of the agency's computer system migrating with the State Department of Information Technology (DSIT), the database used to process SOVA compensation claims was unable to track certain data and statistics, so tracking was done manually. (see Death Claims Tracking Sheet, reference page10)

#### **Action Taken to Improve Services:**

In communicating with the funeral directors and morticians, we were informed of the difficulties they face when dealing with families who have no insurance or little to no funds to cover the cost of burying their loved ones. They understand the importance of victim assistance and appreciate the services we provide; however, not all businesses

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<sup>10</sup> Manual calculation and record of data

keep proper documents, record data in a manner that is representative of a legitimate business, or even supply SOVA with the information needed to process the applications for assistance. So as a result, the agency has seen an increase in the number of issues related to the responsible party of the burial contract and the actual paying party. We also experienced difficulty in making contact with several funeral homes and obtaining accurate information. Because of the discrepancies, myself and several members of my staff decided to create a form that would be very specific as it relates to burial expenses. This document is identified as the Funeral Home Case Status Form. The questions derived from the information needed in processing a claim for payment. The information we need to know is outlined below:

- Who is the responsible party of the funeral bill or funeral expenses?
- Is there a balance on the bill, if so, how much is owed to the FH?
- If payments have been made towards the bill, how much and by whom?
- Is life insurance available?
  - If so, has it been applied to the bill?
  - Who is the beneficiary of the policy?
  - Is the beneficiary the same person as the responsible party?

As a result, it also required SOVA to develop a contract or an understanding defining each person(s) or entities responsibility. This understanding is between the victim service provider (funeral home or mortuary) and the claimant/family member which identifies the roles of all involved and it also explains SOVA's position as an assistance agency, not a guarantor of payment. This contract is identified as a Memorandum of Understanding.

Two surveys were created and distributed to SOVA staff members inquiring as to the usefulness and effectiveness of the FH Case Status Form and MOU. Out of the 15 employees who process claims to determine eligibility and analyze bills for payment, 11 stated that the forms were extremely useful as they allowed the investigators to determine eligibility or ineligibility status within two days of confirming information with law enforcement and the forms allowed the analysts to process payments within a day of receiving the claim from the Restitution Department. (see Investigations Department and Processing Services Department survey, reference page 11-12)

#### **CONCLUSION:**

In conclusion, the creation and implementation of the Funeral Home Case Status Form and the Memorandum of Understanding were successful. From the statistical data collected, not many of the funeral homes and mortuaries completed and submitted the forms along with the incoming application; however, during the investigation phase, several reports were forwarded to these providers for completion and they returned the forms with the information needed to move forward. We have encouraged and will continue to encourage these providers to incorporate these forms into the application process. Whenever the providers are assisting a family in applying for assistance from SOVA, they are to complete the forms and capture all signatures prior to forwarding the application to SOVA. As a result, this will make the investigation and payment process move expeditiously. Having these documents during each phase of the process will accelerate the steps through each department. In speaking with many law enforcement victim advocates (LEVAs), they indicated that the forms provide detailed, accurate



information. The LEVAs also indicated that the forms are useful and clarifies any misunderstandings regarding what will or will not be accepted or considered, and who will be the recipient of SOVA funds. In speaking with the funeral homes, they have also expressed and appreciated the simplicity of the forms and how easy they are to complete. Some of the providers actually prefer to use the Funeral Home Case Status Form instead of having to submit multiple statements and receipts. As SOVA progresses in 2015, we project that the use of the Funeral Home Case Status Form and Memorandum of Understanding will increase as we continue to train and encourage providers on the effectiveness of these documents. Staff members will be consulted and we will solicit their input regarding future revisions for accuracy, simplicity, usefulness and understanding. I feel that implementing both forms have been very beneficial to the agency, the victims and claimants we serve, and the victim service providers that are involved.



## **REFERENCES**

**13 PAGES ENCLOSED**

**Prepared by:**

**Genita L. Snipes**

**State Office of Victim Assistance**

**January 30, 2015**

# SOVA: Funeral Bill Case Status Form

07/14

State Office of Victim Assistance 1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201

Fax#: 803.734.4022

BUSINESS NAME	ADDRESS	PHONE NUMBER	TAX ID NUMBER

Decedent's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Person who signed the itemized funeral bill/contract/"Billing To" Person:

Beginning Balance of the Bill: \_\_\_\_\_

Current Balance of the Bill: \_\_\_\_\_

Is Life Insurance Pending? \_\_\_\_\_

Has Life Insurance Been Applied to the Account? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Who is the Beneficiary/Beneficiaries? \_\_\_\_\_

Please list all paying parties and their contact information, dollar amount, and method of payment below:

NAME	ADDRESS	PHONE NUMBER	DOLLAR AMOUNT	METHOD OF PAYMENT	DATE OF PAYMENT

(Please attach a copy of the itemized funeral bill/contract)

\_\_\_\_\_  
Print Name and Title of Person Completing this Form\_\_\_\_\_  
Date

State Office of Victim Assistance  
1205 Pendleton St., Brown Bldg., Room 401  
Columbia, SC 29201  
Business Line: 803.734.1900  
[www.sova.sc.gov](http://www.sova.sc.gov)

Please be advised that any information that is provided with fraudulent intent will be immediately reported to the SC Department of Labor, Licensing and Regulations.

# SOVA: Memorandum of Understanding

07/14

State Office of Victim Assistance

1205 Pendleton St., Brown Bldg., Room 401, Columbia, SC 29201 Fax 803.734.2261

Date: \_\_\_\_\_

As a public service to the citizens of this state, SOVA has developed this "Memorandum of Understanding." This document does not replace SOVA's Crime Victim Compensation Application.

This is a "Memorandum of Understanding" between \_\_\_\_\_ (Name of Establishment) and \_\_\_\_\_ (Claimant).

- \_\_\_\_\_ I understand that the State Office of Victim Assistance (SOVA) is an eligibility program with criteria that must be met.
- \_\_\_\_\_ I have been informed that if the compensation claim meets all of the criteria, there is a \$4,000.00 maximum limit for funeral services and all balances are my responsibility.
- \_\_\_\_\_ I understand that SOVA, in its sole discretion, pursuant to its laws, may grant a full award, reduce an award or deny a claim.
- \_\_\_\_\_ I acknowledge that by signing this document, that:
1. This information has been explained to me by my victim advocate or by the Director of this establishment.
  2. I agree to fully adhere to all rules and regulations of the State Office of Victim Assistance.
  3. I understand that the eligibility process could take up to 120 days from the date that SOVA receives the compensation application.

I recognize that by signing this document, I acknowledge that submitting the Crime Victim Compensation application to SOVA is not an approval for payment, but the initial process for consideration with payment.

Signing this memorandum signifies or represents an understanding between the facility and the customer listed above.

PROVIDER/DIRECTOR:

CUSTOMER/FAMILY MEMBER:

NAME (PRINT)

DATE

NAME (PRINT)

DATE

SIGNATURE

SIGNATURE

## Disclaimer

Payer of Last Resort:

SOVA is an eligibility program. All eligible compensable expenses will be offset by other available sources before reimbursements/payments are considered. Recipients will be required to exhaust all available funds before the program will consider payments. This includes subrogation (monies awarded for civil actions), restitution (monies ordered by the courts), pre-need arrangements and donations.

State Office of Victim Assistance  
1205 Pendleton St., Brown Bldg., Room 401  
Columbia, SC 29201  
Business Line: 803.734.1900  
[www.sova.sc.gov](http://www.sova.sc.gov)

# Johnson-Halls Funeral Home

P. S. Johnson, Inc.  
440 Venning Sr  
Mt. Pleasant, South Carolina 29464-  
843-884-4252  
FAX: 843-971-9809

## Statement

To:

August 15, 2014

Date of Death: July 12, 2014  
Date of Service: July 19, 2014

	<b>Tax</b>	<b>Amount</b>
Basic Services of Funeral Director & Staff		1300.00
Embalming		800.00
Other Preparation of Remains		500.00
Viewing/Vistation		500.00
Funeral Ceremony at Church		450.00
Use of Equipment at Graveside		650.00
Transfer of Remains		275.00
Funeral Coach (Hearse)		300.00
Flower/Utility Vehicle		275.00
Limousine		300.00
Limo 2@375		750.00
Aurora 18 GA Gasketed Going home	331.50	3900.00
Wilbert Burial Vault	209.10	2460.00
Acknowledgment cards (100)		No Charge
Register/Attendance Books	6.38	75.00
Memorial Folders/Prayer Cards		No Charge
Certified Copies of Death Certificate		27.00
Burial Transit Permit		No Charge
Cemetery Fee		3400.00
Programs		350.00
Flowers		699.83
Marker fee		400.00
<b>Total Amount of Bill</b>		17411.83
<b>Sales Tax</b>		546.98
<b>Grand Total</b>		17958.81
<b>Balance Due August 18, 2014</b>		17958.81



***S.R. Holcombe Funeral Home  
310 W. South St.  
Union, SC 29379  
864-427-3665  
FID 57-08500384***

October 7, 2014

Funeral expenses \_\_\_\_\_, Deceased September 28, 2014

Casket	\$	1150.00
Vault		975.00
Sales Tax		127.50
Services		4350.00
Paid Obit – Union Times		140.00
6 Death Certificates		<u>27.00</u>
Total	\$	6769.50
Paid 10/3/14	-	<u>300.00</u>
	\$	6469.50

STATE OF SOUTH CAROLINA  
COUNTY OF UNION

Personally appeared before me \_\_\_\_\_ who takes oath that the above account is just and correct and HAS NOT been paid.

Sworn to before me this 7<sup>th</sup> day of October, 2014.

\_\_\_\_\_  
Notary Public for the State of South Carolina  
My commission expires \_\_\_\_\_

TC DC CR  
CH IC SO  
WF SP

# Thomas McAfee

SINCE 1913

## FUNERAL HOMES

Thm  
DIRECTOR

639 North Main St. • P.O. Box 527 Greenville, SC 29602-0527 Phone (864) 232-6733  
1604 NE Main St. • P.O. Box 1359 Simpsonville, SC 29681 Phone (864) 688-1600  
6710 White Horse Rd. • P.O. Box 14068 Greenville, SC 29610-4068 Phone (864) 294-6415

SERVICE NO.

### STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

DECEASED NAME

DATE OF DEATH

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any items, we will explain the reasons in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected an arrangement such as a direct cremation or immediate burial. If we charged for embalming, we will explain why below.

#### A. CHARGE FOR SERVICES

##### Professional Services

Basic Services - Funeral Director & Staff \$ 2,595.00  
Embalming \$ 665.00  
Other Preparation of the Deceased \$ 240.00  
Refrigeration storage \$

##### Facilities, Services & Equipment

Use of Facilities & Staff - Visitation/Viewing \$ 450.00  
Use of Facilities & Staff - Funeral Ceremony \$ 495.00  
Use of Facilities & Staff - Memorial Service \$ 495  
Use of Facilities & Staff - Other Locations \$ 495  
Use of Equipment & Staff - Graveside only \$  
Cemetery Equipment Fee \$ 375.00

##### Automotive Equipment

Transfer of Remains to Funeral Home \$ 360.00  
Mileage Charge - Over 30 miles ( ) \$  
Hearse \$ 225.00  
Use of Limousine \$ 85.00  
Use of Additional Family Car \$ 85.00  
Use of Third Family Car \$  
Use of Other Automotive Equipment \$ 75.00

TOTAL SERVICES USED: \$ 1065

#### B. CHARGES FOR MERCHANDISE

##### Casket

##### Outer Burial Container

Cremation Receptacle Required \$ 345  
Urn Temp \$  
Air Tray \$  
Clothing \$  
Memorial Book Spring Garden \$ 135  
Memorial Folders \$  
Prayer Cards/Laminated Obits \$  
Video Tribute [ ] \$  
Flowers \$  
Additional Personalization \$

TOTAL MERCHANDISE SELECTED: \$ 530

Reason for embalming

- (1) All privately-owned cemeteries require the use of an Outer Burial Container.  
(2) Crematory requires purchase of a receptacle on all cremations.

#### C. SPECIAL CHARGES

Forwarding of remains to\*\*:

Receiving of remains from\*\*:

Immediate Burial\*\*

Direct Cremation\*\*

Cremation

Cremation Tribute

\*\*See General Price List for complete description

TOTAL OF SPECIAL CHARGES: \$ 390.5

#### D. CASH ADVANCES:

Air Fare Charges \$  
Death Certificates 10 \$ 35  
Obituary Notices GM \$ 449  
Obituary Notices \$  
Obituary Notices \$  
Open/Close Grave \$  
Flowers \$  
Hair Dresser \$  
Musician \$ 100  
Musician \$  
Musician \$  
Clergy \$  
Clergy \$  
Clergy \$  
Insurance Verification \$  
Long Distance Phone Calls \$  
Other Funeral Home \$

We charge for our services in obtaining opening/closing of grave & long distance telephone calls.

#### TOTAL CASH ADVANCES

ON BEHALF OF BUYER: \$ 588

#### SUMMARY OF CHARGES:

A. CHARGES FOR SERVICES \$ 1065  
B. CHARGES FOR MERCHANDISE \$ 530  
C. SPECIAL CHARGES \$ 390.5  
D. CASH ADVANCES \$ 588  
E. SALES TAX, IF APPLICABLE \$ 31.50  
TOTAL FUNERAL HOME CHARGES: \$ 5719.50

#### PENDING CREDIT AND PREPAYMENTS:

CASH/CHECK \$  
CREDIT CARD \$  
LIFE INSURANCE \$  
PRENEED INSURANCE OR TRUST \$  
PRENEED ADJUSTMENT \$

Reference Page  
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#### NOTES:

(Initials) I/We, accept and approve the above, and acknowledge that the General Price List, Casket Price List and Outer Burial Container Price List were made available prior to selecting the above arrangements.

LEGAL, CEMETERY, CREMATORY OR OTHER REQUIREMENTS COMPELLING THE PURCHASE OF ANY ITEMS ARE LISTED ABOVE. The undersigned purchaser(s) hereby attest to the following: (1) I/We did ( ) did not ( ) authorize embalming of the above named deceased. The undersigned purchaser(s) authorizes and directs Thomas McAfee Funeral Home, its associates, independent contractors, and agents (including apprentices and/or mortuary students under the direct supervision of a licensed embalmer), to care for, embalm, and prepare the body of the DECEDENT. I/We acknowledge that Thomas McAfee Funeral Home may outsource some services (including but not limited to: embalming and preparation). I/We authorize Thomas McAfee Funeral Home to outsource any services at the sole discretion of Thomas McAfee Funeral Home. (2) I/We were shown a Casket Price List and an Outer Burial Container Price list before the showing of caskets and outer burial containers. (3) I/We were given/offered for retention a General Price List upon the beginning of a discussion of funeral arrangements and/or selection of services and merchandise. (4) I/We acknowledge that Thomas McAfee Funeral Home shall not be held responsible for problems



# Albert A. Glover Funeral Home, Inc.

113 Bryan Street, Post Office Box 248

Summerville, SC 29483

Phone: (843) 871-1528

Fax: (843) 832-9240

No. 2014-033  
DECEASED \_\_\_\_\_  
DATE OF DEATH May 24, 2014  
PLACE OF DEATH Myrtle Beach, SC  
DATE OF STATEMENT May 27, 2014

## A. CHARGE FOR SERVICES SELECTED

### 1. Professional Services:

Basic Services of Funeral Director & Staff ..... 1,325.00  
Embalming ..... 850.00  
Dressing / Casketing / Cosmetology ..... 150.00  
Other Preparation of body ..... N/A  
Refrigeration ..... N/A  
TOTAL ..... 2,325.00

### 2. Facilities, Equipment & Staff:

Use of Facilities & Staff for Viewing / Visitation ..... N/A  
Use of Facilities & Staff for Funeral Ceremony ..... 475.00  
Use of Facilities & Staff for Memorial Service ..... N/A  
Use of Equipment & Staff for Graveside Service ..... N/A  
Use of Equipment & Staff for Church Service ..... N/A  
TOTAL ..... 475.00

### 3. Transportation:

Transfer of Remains to Funeral Home ..... 180.00  
Funeral Coach ..... 300.00  
Limousine ..... 500.00  
Sedan ..... N/A  
Service / Utility Vehicle ..... N/A  
Flower Vehicle ..... 85.00  
Lead Car / Clergy ..... N/A  
Palbearer Car ..... N/A  
From Myrtle Beach To Summerville ..... 188.60  
TOTAL ..... 1,253.60

### 4. Other Services / Facilities / Equipment:

Opening/Closing Of Grave ..... 500.00  
Cosmetizing ..... N/A  
Preparation Room ..... N/A  
Cemetery Equipment ..... 180.00  
TOTAL OF SERVICES SELECTED ..... \$ 4,733.60

## B. CHARGE FOR MERCHANDISE SELECTED

Casket ( or other receptacle) ..... 2595.00  
Name/No NE6 Gold Cross  
Material  
Color  
Outer Burial Container ..... 1,500.00  
Name/No Monticello  
Material  
Acknowledgment Cards ..... N/A  
Register Book ..... N/A  
Memory Folders / Prayer Cards ..... N/A  
Temporary Grave Marker ..... N/A  
Clothing ..... N/A  
Crucifix / Cross ..... N/A  
Cremation Urn ..... N/A  
Cemetery Equipment ..... N/A  
TOTAL OF MERCHANDISE SELECTED ..... \$ 4,095.00

## C. SPECIAL CHARGES

☐ Forward remains to: ☐ Receiving remains from: N/A  
Immediate Burial ..... N/A  
Direct Cremation ..... N/A  
TOTAL OF SPECIAL CHARGES ..... \$ 2,825.00

TOTAL FUNERAL HOME CHARGES ..... \$ 8,828.60

(This total does not include Cash Advances)

## STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Charges are only for those items that you selected or that are required. If we are required by law or by a cemetery or crematory to use any of these items, we will explain the reasons in writing below.

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve of if you selected arrangements such as direct cremation or immediate burial. If we charged for embalming, we will explain why below.

## CASH ADVANCES

0 Certified Death Certificates @ \$3.00ea. N/A  
Initial Certified Death Cert. At \$12.00 N/A  
The Post And Courier 150.00  
Funeral Programs 350.00  
Dove N/A  
Hairdressing N/A  
Police Escort N/A  
TOTAL CASH ADVANCES \$ 500.00

We charge you for our services in obtaining (specify cash advance items)

## SUMMARY

Total Funeral Home Charges ..... \$ 8,828.60  
Sales Tax ..... \$ 286.65  
Total Cash Advances ..... \$ 500.00  
GRAND TOTAL ..... \$ 9,615.25

Less Credits and Payments

Total Payments ..... \$ 4,000.00  
Total Credits ..... \$ N/A

BALANCE DUE \$ 9,615.25

Billing To

## DISCLOSURES

Reason for embalming

Family Selected Embalming

Initial for authorization to embalm.

If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

Family Selected A Vault

## ACKNOWLEDGMENT AND AGREEMENT

I hereby acknowledge that I have the legal right to arrange the final services for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified on this Statement. I acknowledge that I have received the General Price List and the Casket Price List and the Outer Burial Container Price List.

Terms of Payment: Family made down payment of \$4000.00

And will make monthly payments.

Full payment is due no later than May 27, 2014

If any payment is not paid when due, an unanticipated LATE CHARGE of 1.50% per month (ANNUAL PERCENTAGE RATE 18.00%) on the unpaid balance will be due. I agree to pay the Balance Due listed on this Statement, plus any Late Charge. In the event I default in payment to this funeral establishment, I agree to pay reasonable attorney's fees and court costs in addition to any Late Charge applicable. I understand and agree that I am assuming personal liability for the charges set forth in this Statement and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the above and acknowledge receipt of a copy of this Statement.

X  
Signed \_\_\_\_\_ Dated \_\_\_\_\_

Social Security Number \_\_\_\_\_

X  
Signed \_\_\_\_\_ Dated \_\_\_\_\_

ACCEPTANCE This funeral establishment agrees to provide all services, merchandise and cash advances indicated on this Statement.

By \_\_\_\_\_

Signature \_\_\_\_\_

Reference Page

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**Suburban Funeral Home, Inc.**

2336 Meeting Street Road  
North Charleston, SC 29405

**Statement**

Phone: (843) 744-8761

To:

Please Mail payments to:

Suburban Funeral Home  
Post Office Box 60538  
North Charleston SC 29419

Be sure to include account number with payment!

Contract Date	Statement Date	Account Number	Regarding	Date of Death
Jul 30, 2014	8/27/2014			7/26/2014
Transaction Date	Transaction Description		Amount	Balance
	Balance Itemized List Of Goods and Services		\$9,927.06	\$9,927.06
Aug 05, 2014	Credit approved by JRM for cemetery plot		(\$500.00)	\$9,427.06
Aug 07, 2014	Payment Ref: Cigna		(\$5,000.00)	\$4,427.06

**Balance Due:** \$4,427.06



## TRAINING SURVEY

Please help us improve our services by sharing your experience with us.

Name of Workshop/Conference: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions: Please indicate your level of agreement with the following statements:

- |   | Strongly Agree        | Agree                 | Neutral               | Disagree              | Strongly Disagree     |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. The workshop/training was beneficial to me.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. The workshop/training helped educate and inform me of victim issues. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I will be able to apply what I've learned on my job.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. The overall workshop met my needs.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Instructions: Please provide additional comments:

5. What did you like most about the workshop/training? Please explain.

---

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6. What did you dislike about the workshop/training? Please explain.

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7. Please list other topics you would like to see in the future:

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8. How did you hear about the workshop/training?

- a. \_\_\_\_\_ SOVA
- b. \_\_\_\_\_ Regional Taskforce
- c. \_\_\_\_\_ Media
- d. \_\_\_\_\_ Listserv \_\_\_\_\_
- e. \_\_\_\_\_ Website \_\_\_\_\_
- f. \_\_\_\_\_ Other \_\_\_\_\_

Name and contact information (Optional) \_\_\_\_\_

*Thank you for your cooperation in completing our survey!*



## SCEIS The South Carolina Enterprise Information System

[Log Out](#)

## Vendor Master - Search 2014.08.19.0001

Vendor File Search Parameters  
(maximum results: 300 records)[Help Doc](#)Vendor Number: Tax ID:  (Enter the complete 9 digits with no dashes.)

Name: \*funeral home\*

City: 

Search

Clear

1. Ever use a *wildcard* search? [Click here for help.](#)
2. Please only submit a **New Vendor** request if the Tax ID is not already on file
3. If an update needs to be made to an existing vendor record, click the link on the name of the applicable record
4. If an alternate address ('order from' or 'remit to') needs to be added to an existing Tax ID, click the **Alt Name/Addr** link within the applicable record

[Click here for Minority Vendor Update.](#)259 Possible Matches found, displaying 244 to 246 [First/Prev](#) [77](#), [78](#), [79](#), [80](#), [81](#), [82](#), [83](#), [84](#), [85](#), [86](#) [Next/Last](#)

## Possible Matches

Name: <a href="#">MARCH FUNERAL HOME EAST INC</a> Tax ID: **-***** Phone: Contact: ,	Address: 1101 EAST NORTH AVENUE PO Box: City, State, Zip: BALTIMORE, MD 21202 Vendor Number: 7000200534
Name: <a href="#">KISER FUNERAL HOME</a> Tax ID: **-***** Phone: Contact: ,	Address: 1020 STATE ROAD PO Box: City, State, Zip: CHERAW, SC 29520 Vendor Number: 7000201443
Name: <a href="#">LORD FUNERAL HOME</a> Tax ID: ***-**-**** Phone: Contact: ,	Address: PO Box: 490 City, State, Zip: CENTER OSSIPEE, NH 03814 Vendor Number: 7000204155

This is only one page from the SCEIS Vendor Search. This example shows that there are providers in the State of SC as well as out of the state.

Statistic for Vendors Registered with SCEIS:

252 In State Vendors (Funeral Homes)

64 Out of State Vendors (Funeral Homes)

## Death Claims

<u>Date Received</u>	<u>Claim #</u>	<u>Type of Crime</u>	<u>Funeral Case Status Included? (yes/no)</u>	<u>Funeral Case Status Received? (yes/no)</u>



## **Survey for the Investigations Department**

1. Do you feel that the Funeral Home Case Status Form is useful?

YES

NO

2. Does the form capture all of the necessary information needed when processing a claim?

YES

NO

3. Would you prefer to have the form when processing death claims?

YES

NO

4. Do you forward the funeral home case status form to LEVAs (Law Enforcement Victim Advocate) or funeral homes when you process the death claims?

YES

NO

5. Is there any additional information that you would like to see on the funeral home case status form?

YES

NO

## **Survey for the Processing Services Department**

1. Does the Funeral Home Case Status Form capture all of the necessary information needed when processing a claim?

YES

NO

2. If the form is included in the file, does it make processing bills for payment quicker and easier?

YES

NO

3. Do you use the form as a guide when providing payment or reimbursement?

YES

NO

4. Since funeral home trainings began in May of 2014, have you seen an increase in the number of forms submitted with death claims?

YES

NO

5. Would you prefer to have the form when processing death claims?

YES

NO

6. Since the form has been introduced, do you feel that it will aid in ensuring that the correct person/claimant will be paid?

YES

NO



2013-2014 EDITION

SOUTH CAROLINA  
CRIMINAL LAW  
AND  
MOTOR VEHICLE  
HANDBOOK

 LexisNexis